

AO 435 AZ Form (Rev. 10/2023)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME Barry Mitchell		2. PHONE NUMBER 602-358-0290		3. DATE 9/3/2025	
4. FIRM NAME Mitchell Stein Carey Chapman, PC					
5. MAILING ADDRESS 2600 N. Central Ave., Suite 1000		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85004
9. CASE NUMBER 2:24-cr-01040-ROS		10. JUDGE Roslyn O Silver		DATES OF PROCEEDINGS	
				11. 8/12/2025	12.
13. CASE NAME USA v. Gehrke et al		LOCATION OF PROCEEDINGS			
		14. CITY		15. STATE	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		8/12/2025			
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30-Day (Ordinary)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14-Day Transcript	<input type="checkbox"/>	<input type="checkbox"/>			
7-Day (Expedited)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
3 -Day Transcript	<input type="checkbox"/>	<input type="checkbox"/>			
Next-Day (Daily)	<input type="checkbox"/>	<input type="checkbox"/>			
2-Hour (Hourly)	<input type="checkbox"/>	<input type="checkbox"/>			
Realtime Transcript	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS barry@mscclaw.com	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE /s/ Barry Mitchell					
20. DATE 9/3/2025					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY PHONE NUMBER		
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

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ORDER RECEIPT

ORDER COPY